

American Optometric Association NEWS

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No. 4

CMS reverses course on misguided DMEPOS accreditation rule

In a hard-fought win for optometrists and patients nationwide, the Centers for Medicare & Medicaid Services (CMS) announced Sept. 3 that the agency will no longer impose unnecessary and burdensome durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) accreditation requirements on doctors of optometry and other Medicare physicians.

The CMS directive provides immediate relief for ODs effectively barred from DMEPOS supplier enrollment or re-enrollment and ensures Medicare beneficiaries' continued

access to needed durable medical equipment, such as post-cataract eyewear.

Originally intended as part of a government effort to combat massive fraud, particularly related to purchases of "scooter" mobility devices for seniors, the CMS plan required "new" Medicare DMEPOS suppliers of prosthetics or consumer medical supplies to be accredited by a CMS-designated, independent certification agency.

The directive provides immediate relief for ODs effectively barred from DMEPOS supplier enrollment or re-enrollment and ensures Medicare beneficiaries' continued access to needed durable medical equipment, such as post-cataract eyewear.

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Conference targets revitalized state legislative efforts

Major advancements in eye care technology — as well as an anticipated overall reform of the U.S. health care system — will require substantial changes in optometric practice acts and other state laws over the coming months, according to Gary W. Lasken, O.D., chair of the AOA State Government Relations Center (AOA-SGRC).

That was the central theme as the AOA-SGRC held its first State Legislative Conference in seven years, Sept. 5-6, in Indianapolis.

Another major conference theme: organized optometry must revitalize its grassroots legislative network if necessary state law changes are to be enacted.

"Advocacy is the lifeblood of our profession," AOA President Peter H. Kehoe, O.D., told conference attendees in his keynote address.

Developments in technology — notably in pharmaceuticals — hold the potential to markedly change the standards of eye and vision care in the near future, said John A. McGreal, Jr., O.D.



Alabama State Rep. James H. McClendon, Jr., O.D., outlines the steps optometrists must take to enact legislation during the AOA State Legislative Conference Sept. 5-6 in Indianapolis.

He cited a roster of promising innovations, including:

- ❖ Teardrop sampling systems for detection of eye conditions
- ❖ Drug-dispensing ophthalmic devices
- ❖ Nanotechnology drug delivery systems
- ❖ Insulin eye drops
- ❖ Improved dermatological treatments for blepharitis, and
- ❖ Improvements in the diagnosis and treatment of chronic eye conditions such

as macular degeneration and glaucoma.

Some of those advances are already on the market, Dr. McGreal noted. Others may be just months from introduction.

Unfortunately, many could fall outside the scope of optometric practice, as now defined in state practice acts, hindering patient access to state-of-the-art care, according to AOA-SGRC committee

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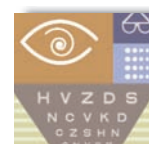
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PRESIDENT'S COLUMN

The Optometric Dream Team

If you watched the USA Men's Olympic Basketball team this year, their success rivaled a professional symphony orchestra. Coach "K" knew his players and brought out the best in each member of the team. They played like a team and relied on each other to masterfully reach their ultimate goal: Undefeated and An Olympic Gold Medal.

Wouldn't it be nice if your office operated as effectively and efficiently as an orchestra or our Olympic Gold Medal basketball team? Many offices do operate as a finely tuned orchestra. What are their traits and how can your office be as successful? Build your Optometric Dream Team!

You are reading this just as the 2008 Paraoptometric Recognition Week has concluded. How many of you recognized your staff this year? How many of your staff are included in the more than 12,000 AOA-Certified Paraoptometrics since 1978? And how many of your staff are members of the AOA Paraoptometric Section? If each AOA member had just two staff members each, we could easily have nearly 70,000 section members and certified paraoptometrics — so we have some work to do.

As professionals, we are all personally committed to being the best optometrists we can be and delivering the finest care possible to our patients. We attend the latest continuing education courses, read our journals and trade

publications and are members of our professional association. Shouldn't we encourage and support the same level of commitment for our staff? Besides, don't most patients spend more time with your staff than they do with you?

The Optometry 2020 Summits identified the need for our profession to delegate, where appropriate, many services and data gathering to highly trained paraoptometric staff to deliver high-quality and efficient care as we approach the year 2020. Many of our colleagues have already recognized and implemented the Optometric Dream Team model.

they feel part of their profession, give them time off and pay for their continuing education, help them study for and pass each of the three levels of certification: The Certified Paraoptometric (CPO) examination for entry-level staff with basic knowledge.

The Certified Paraoptometric Assistant (CPOA) examination is the intermediate level for more seasoned staff who have experience and knowledge and are familiar with terms, meanings, and with the instrumentation needed for data gathering and testing procedures including practice

Many of our colleagues have adopted the Optometric Dream Team model and will tell you that the return on the investment in your staff will pay dividends long into the future.

Dr. Richard Smart, of Augusta, Maine, encourages all optometrists to have all their employees involved in the AOA Paraoptometric Certification process. He employs a 100-percent certified practice and states that "well-trained employees lead to higher levels of quality care provided by your practice to your patients; everybody wins!"

Building the Optometric Dream Team does require an investment on your part. Pay your staff's section dues so

management and dispensing.

The Certified Paraoptometric Technician (CPOT) is designed for those with advanced general and a comprehensive working knowledge of the optometric office. The CPOT examination includes a practical portion in which candidates demonstrate their clinical skills at three stations.

Many of our colleagues have adopted the Optometric Dream Team model and will tell you that the return on the investment in your staff will



Dr. Kehoe

pay dividends long into the future. You'll have motivated and dedicated staff that work in concert within your highly efficient and professional office with low turnover. Your patients will appreciate and recognize that everyone in your office can deliver high-quality knowledgeable optometric care. And you will be able to practice at your highest level possible with more time to educate your patients and recommend the solutions to their needs.

So take the challenge and build your Optometric Dream Team and earn your Optometric Gold Medal. It will be good for your patients, good for your staff, good for your practice, and good for our profession.

Until next time,

P.S.: I look forward to your comments on this or any other AOA/optometry topic at my new blog:
www.petesaoablog.com.

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States, from page 1



Gilan L. Cockrell, O.D.

member Gilan L. Cockrell, O.D.

For example, drug dispensing contact lenses may be classified by the U.S. Food and Drug Administration (FDA) not as medical devices but rather as pharmaceuticals – which can be dispensed (except, in a limited number of states) only as samples under most state practice laws.

The collection and diagnosis of tears may not technically be included under optometric practice acts in many states. Nano-drugs may not be recognized as thera-

peutic pharmaceuticals under the practice acts, speakers said.

“Your state’s practice act must be ready now,” Dr. Cockrell emphasized.

However, “state legislative issues do not end with scope of practice,” added Clarke D. Newman, O.D., AOA-SGRC committee member.

Optometrists will face a growing number of administrative, patient access, and provider payment issues, speakers predicted.

That is, in part, because Congress and the White

House are almost certain to undertake a major health care reform effort next year, according to AOA Advocacy Group Director Jon Hymes.

“We’re looking at, really, an overhaul of health care in America,” Hymes said.

As part of that reform lawmakers will be looking at a number of emerging health care concepts such as electronic medical records, pay-for-performance programs, health care value exchanges and medical home delivery

opposing the use of the term “doctor” to describe any health care provider who does not hold a medical, osteopathic, podiatry, or dental degree and the use of the term “residency” other than for medical, osteopathic, podiatric, or dental post-graduate education programs, he noted.

During conference breakout sessions, optometrists from several states reported that some managed care and employer-sponsored health plans continue to refuse cov-

Optometrists at the state level will continue to face a “multi-flank attack” from rival health professions, insurance plans, businesses, and other entities that may have an interest in curtailing optometric scope of practice or limiting patient access to care provided by optometrists.



Conference breakout sessions centered on topics ranging from grassroots lobbying and effective media relations, to involvement in managed care plans. The sessions offered successful strategies and frank discussion.

models – many of which are already being implemented at the federal and state levels, conference speakers said.

In addition, optometrists at the state level will continue to face a “multi-flank attack” from rival health professions, insurance plans, businesses, and other entities that may have an interest in curtailing optometric scope of practice or limiting patient access to care provided by optometrists, AOA-SGRC committee member Bobby Jarrell, O.D. told conference attendees.

He cited the American Medical Association’s (AMA) Scope of Practice Partnership (SOPP), an overall effort to restrict health care providers who do not hold medical or osteopathic degrees (see *AOA News*, June 16).

The AMA also recently adopted a policy formally


erage for medical eye care provided by optometrists.

That may be, in part, the result of confusion among insurance plan benefit managers – as well as the general public – regarding optometric scope of practice, conference speakers said.


Lack of uniformity in state optometric laws remains a problem, several conference speakers noted.

While virtually all states have repeatedly enhanced optometric scope of practice over the past several decades, some still do not authorize optometrists to prescribe certain glaucoma medications, oral pharmaceuticals, or controlled substances. Others do so only with varying degrees of statutorily defined limitations, conditions or restrictions.

“Uniformity: that’s the goal – we’re not there yet,” Dr. Lasken observed.



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GLANCE AT THE STATES

GO: Grassroots Optometry

Organization is key to legislative success

A strong grassroots lobbying network, a substantial political action committee (PAC) treasury, and a well-attended annual legislative meeting are among the key elements in a successful state legislative program, according to speakers at the AOA State Legislative Conference.

The first AOA meeting in seven years devoted exclusively to state legislation, this month's conference focused in large part on maintaining and revitalizing the state-level optometric lobbying organizations that successfully waged landmark battles for pharmaceutical prescribing authority during the 1970s, 80s, and 90s, according to the AOA State Government Relations Center (AOA-SGRC).

Organized optometry's campaigns for scope-of-practice legislation have long been recognized as models for other health care professions and remain the standard by which state-level health care lobbying efforts are measured, conference speakers noted.

However, factors from term limits to the Internet are changing the way state-level legislative campaigns are conducted, and many of the state optometric association leaders who spearheaded efforts for diagnostic and therapeutic pharmaceutical authority are retiring from practice, creating a need for new leaders in optometric legislative organizations, AOA-SGRC Chair Gary Lasken, O.D., noted.

"I am used to seeing a lot of gray (hair) at these meetings," Dr. Lasken joked. "I am please to see a lot of black, brown and blond at this one."

Conference attendance totaled almost 200. A show of hands indicated around half had not participated in legislative conferences previously. About 20 were optome-

try students.

In addition, the issues facing optometry have become more complicated, and state-level political campaigns have become more sophisticated, conference speakers noted.

"We have discussed it previously in our state, and we need a more formalized approach" to state-level lobbying, one state optometric association representative said.

Much of optometry's state-level legislative success over the years is attributable to lobbying efforts that have been well-run and highly organized, AOA-SGRC members Lee Ann Barrett, O.D., and Roger R. Seelye, O.D., emphasized at a conference breakout program on "Building an Effective Grassroots System in Your State."

The Michigan Optometric Association's "GO: Grassroots Optometry" program has become a model for lobbying efforts of all types in its state, according to Dr. Seelye.

Dr. Barrett, the Missouri Optometric Association's executive director, said a well-organized legislative campaign was a pivotal factor in the enactment of her state's law requiring eye examinations for children entering school – only the second of



AOA-SGRC members Lee Ann Barrett, O.D., and Roger R. Seelye, O.D., moderate a conference breakout program on "Building an Effective Grassroots System in Your State."

its type in the nation at the time it was enacted.

Central to virtually all optometric legislative efforts over the years have been the AOA's federal and state "Keyperson" grassroots networks, originally developed in the 1960s to help optometrists win inclusion in the federal Medicare program and achieve pharmaceutical prescriptive authority at the state level, conference speakers noted.

Under the Keyperson systems, each legislator is assigned a local optometrist who volunteers to act as an advisor on eye and vision care issues. Much of optometry's legislative success at both the state and federal level has been the result of strong affiliations between lawmakers and optometrists whom legislators have come to trust for advice on eye care issues, several conference speakers noted.

However, many state optometric associations now find "gaps" in their Keyperson networks with sometime influential lawmakers having no local optometrists to advise them on eye care issues, Drs. Barrett and Seelye noted.

They urged optometrists – particularly those who already know a lawmaker as a personal friend or patient — to volunteer for the Keyperson networks in their respective states.

Once a Keyperson optometrist has been assigned to each lawmaker, the ability to properly coordinate the legislative network becomes paramount, Drs. Barrett and Seelye emphasized.

Both the Missouri and Michigan optometric associations have maintained detailed lists of all state lawmakers (along with their committee assignments, voting records, and positions on

relevant issues), their Keypersons (along with a record of meetings that have been held with the Keyperson's legislator) and contact information for both.

The listing allows the state optometric associations to quickly alert the proper Keyperson optometrists for discussion with lawmakers when legislative issues arise, Drs. Barrett and Seelye noted.

Most state optometric associations organize "telephone trees" to facilitate rapid communications when all Keypersons in a state are being asked to contact their lawmakers.

Several state optometric associations use candidate surveys during elections to track candidate positions on issues related to optometry.

Keypersons, as well as their fellow optometrists, are strongly encouraged to assist their elected representatives during election campaigns. That means monetary campaign contributions, Drs. Barrett and Seelye noted. (Virtually all state optometric associations have PACs through which they can make contributions to state-level candidates.)

However, optometrists should also be willing to volunteer their time for campaign activities such as yard-sign posting or mailing campaign materials to voters, they said.

Volunteer campaign

See *Grassroots*, page 6



Among those attending a state legislative conference for the first time were about 20 students from the schools and colleges of optometry.

Online course walks ODs through ethical issues

An online ethics and values course featuring video vignettes is now available through the AOA.

The one credit-hour course, sponsored by CIBA Vision with technology support by Nova Southeastern University College of Optometry, depicts four issues regularly faced by optometrists with contact lens practices.

The scenarios include situations in which doctors deal with emergency contact lens presentations, long-distance referrals for specialty contact lens care, relationships between the office and industry representatives, and cases where partners disagree about wearing regimens for contact lens patients.

"These are very practical and common issues doctors face from time to time," said Morris Berman, O.D., who along with N. Scott Gorman, O.D., Ed.D., Tim Rioux, O.D., Dan Reiser, O.D., and

Jim Paramore, O.D., served on the AOA Ethics and Values Committee and developed the concept and implementation for this unique course.

The authors of the video vignettes were Norman Bailey, O.D., MPH, and Elizabeth Heitman, Ph.D., who are recognized experts in the field of clinical ethical decision-making.

"We chose ethical issues in contact lens practice because it's the largest area for practitioners besides clinical diagnosis," said Dr. Gorman. "We assembled a focus group composed of members of the Contact Lens and Cornea Section and interviewed them about ethical issues in contact lens practice."

The course includes the four video vignettes followed by a multiple choice test.

Course participants can submit their answers online and print a completion certificate if they score 70 percent or higher on the test.

The online course is designed to be very accessible for practicing optometrists and students.

"Doctors are taking advantage of the technology," said Dr. Gorman. "They don't have to leave their home, office or families. It's really a great modality for them."

Some states allow a large number of continuing education credits to be taken online. Other states do not count online education at all.

However, there is a growing trend to include online continuing education toward state requirements, according to Dr. Morris.

"More and more online education is being done through the AOA, optometric organizations and industry," said Dr. Morris. "And the ethics information presented in this course is uniquely different from the broad array of available online courses."

To view the course, visit www.store.streamcenter.com/exams/nova/icourses.aspx.

Grassroots,

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labor can be extremely valuable to candidates. It has frequently helped organized optometry compete in the political arena against medical and insurance industry groups that can often afford to make more sizeable monetary campaign contributions, according to Jerald F. Combs, O.D., former AOA-SGRC chair who now serves as chair of the Federal Legislative Action and Keyperson committee.

"Optometry has never outspent our opponents, but we have always outworked them," Dr. Combs observed.

Annual state legislative conferences in the state capital — with "Hill Day" lobbying efforts — should be considered an important part of any state legislative program, Dr. Barrett said.

Such conferences provide an opportunity for all the members of a state Keyperson network to become familiar with the various issues facing their profession.

They also provide an

opportunity to arrange face-to-face meetings with lawmakers.

In some cases, state optometric associations may schedule legislative conferences to coincide with their annual meeting as a means of encouraging attendance, Dr. Barrett noted.

However, it may be advantageous to schedule such conferences at the start of state's legislative session or at a time when lawmakers are likely to be considering legislation pertinent to eye care.

State legislative Keypersons must have a thorough understanding of the steps involved in enacting a law, both Dr. Seelye and Dr. Barrett emphasized.

The Missouri Optometric Association (MOA) has developed a Political Action Handbook for its Keypersons.

The MOA will provide copies to any other state optometric associations that might be interested in developing similar documents for their members, Dr. Barrett said.

Great moves are rarely coincidental.




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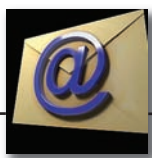
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LETTERS TO THE EDITOR

How often should people visit their OD?

Editor:

After reading Dr. Kehoe's article "How often should you see the dentist?" (August, *AOA News*) I couldn't help but realize that dentistry had it right. After years of keeping the same "motto" see your dentist every six months, it stuck with the American public.

Optometry should follow their lead and keep it simple. The American public is certainly confused by the AOA guidelines, which recommend different routines for different ages. If optometry could agree that for routine care the recommendation should be "see your eye care professional yearly," I believe this would become much more routine than the current scenarios. I am a firm believer that "KIS" (keep it simple) goes a long way to making it easier for the American public to remember.

Bob Hoffman, O.D.
Folsom, Calif.

Editor:

In the August 2008 *AOA News*, Dr. Kehoe makes a very good point in his article "How often should you see the dentist?" It has indeed been optometry's shortcoming that the general public does not understand the importance of preventive eye care, like they do preventive dental care. Everyone knows they should see their dentist every six months, but not everyone knows how often they should see the optometrist.

I agree with the AOA guidelines that every child should be seen between 6-12 months of age, then again at age 3 and again at age 5. However, beyond age 5 shouldn't we be recommending yearly eye examinations to everyone for preventive care? I don't care how

healthy a 12-year-old looks today, a lot can change in one year. The same can be said of a 55-year-old.

The reason the public knows how often they should see the dentist is because it is so simple. It is every six months, no matter what. Their recommendation isn't every year if you're healthy and every six months if you have "diabetes, hypertension, a family history of dental disease, or . . . other clinical findings increase . . . potential risk." Also if you have had "previous dental surgery, gum disease, or are taking drugs that have dental side effects" then you should be seen every six months. Their recommendation is every six months for everyone.

If we want the public to catch on then we must keep it simple too. Shouldn't we recommend an annual eye exam for all, regardless of their current state of ocular health? A lot can change in 365 days.

Colby B. Curtis, O.D.
Elko, Nev.

At the invitation of AOA News, Jeffrey L. Weaver, O.D., director of the AOA's Clinical Care Group, responded: Unfortunately, changing the AOA's recommendation for care is not as simple as developing a new catch phrase or motto for the public.

An individual optometrist can always recommend more frequent examinations based on his or her professional judgment and discretion.

However, the recommendations that appear in the AOA's Optometric Clinical Practice Guidelines must be evidence-based, and the incidence of eye and vision conditions do not support more frequent examination for those not at elevated risk.

In fact, consider the recommended frequency of examination (of those individuals without risk) of the

American Academy of Ophthalmology: puberty to age 40, every 5-10 years; age 40-54, every 2-4 years; age 55-64, every 1-3 years; 65 and older, every 1-2 years.

Not only is the recommendation of the AOA much more frequent, but considerably easier to remember: "Every 2 years from 6 months to 60, annually thereafter."

Credit where it's due

Editor:

It was gratifying to see the picture and story highlighting the passage of the Illinois state law requiring eye examination for children entering public schools in the June *AOA News*.

Conspicuous by her absence was Janet Hughes, an Illinois housewife who launched a personal crusade to enact this law; following the failure of the Illinois vision screening program to detect that one of her children was amblyopic. In tandem with the IOA, she worked long hours persuading the Illinois P.T.A. and Illinois legislators to enact this law.

Her effectiveness highlights the impact of a concerned non-profession individual's importance in passing a law we in Illinois unsuccessfully attempted to enact over three decades.

The message is clear. Enlisting the aid of non-optometrists in the passage of eye/vision care legislation should be encouraged and recognized by states attempting to pass laws that advance the eye care of our patients.

We all should applaud Janet Hughes for her persistence and commitment to the eye care needs of children. We have not heard the last of this dynamic lady. She is committed to further advancing eye care in Illinois.

Albert A. Bucar, O.D., DOS
Antioch, Ill.

AOA seminar takes in-depth look at buying/selling practice

From financing and ownership options to detailed strategic planning, "AOA Practice Transitions—Strategies for Making Them Happen" is a comprehensive, full-day presentation covering the fundamental steps to successfully buying or selling an optometric practice.

"For many optometrists, the transition process into or out of private practice is perplexing," said Ronald Hopping, O.D., M.P.H., AOA trustee. "This seminar assembles industry experts specializing in market demographics, business planning, operations, finance, and law. Through a series of modular presentations they help to demystify the buy/sell process and offer solid preparation and planning recommendations. The goal is to make the transition process easy, understandable and overall a success."

Two AOA Practice Transitions seminars are planned this fall—both in conjunction with major ophthalmic industry conferences.

The first will be held before the EastWest Eye Conference from 8 a.m. to 4 p.m., Wednesday, Oct. 1, 2008, at the Renaissance Cleveland Hotel in downtown Cleveland, Ohio. The second is scheduled for Oct. 19, 2008, following the Great Western Council of Optometry Congress in Portland, Ore.

Additional seminars are planned for 2009.

AOA Practice Transitions will cover a host of pertinent topics, including generational issues; socioeconomic change; financial implications—such as practice valuation and fractional ownership options; and legal and tax concerns.

The seminar also will incorporate information on the steps necessary to prepare, market and perform due diligence.

The cost of the seminar is \$150 for AOA members. Non-members may register for \$295.

For further seminar details or to register, contact Stacy Liles at 314-983-4111 or smliles@aoa.org or visit www.aoa.org/practice-transitions.xml.



The Partnership Foundation for Optometric Education is planting, cultivating, and nurturing. Together, this "true partnership" of state, regional, and national organizations is making a long-term investment in tomorrow.



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Paraoptometric Section education module covers fundamentals of optical dispensing

The AOA Paraoptometric Section (AOA-PS) now offers an education module for staff training and development of optical dispensing skills.

The "ABCs of Optical Dispensing" is the newest education module in the Paraoptometric Library of

Learning series and is provided through an education grant from the Luxottica Group.

The paraoptometric spectacle dispenser plays an important role in completing the eye care experience for the patient.

Patients who feel good about their new eyewear are more likely to follow good

vision habits and maximize the therapeutic and ocular health benefits that come with wearing eyeglasses.

This education module is designed to give every member of the office team a fundamental understanding of:

- ❖ Frame selection and adjustments
- ❖ Spectacle lens materials

and designs

- ❖ Lens treatment
- ❖ Lens measurements
- ❖ Tips for presenting designer frames and prescription sunglasses.

The "ABCs of Optical Dispensing" is easy-to-use, automated and formatted in an audio PowerPoint.

The education module

eliminates many of the expenses associated with off-site staff training, including time off, travel, lodging and meal reimbursement.

The module is convenient and can be used repeatedly for new staff members. The module is one of six education modules available and can be used to earn one hour of continuing education (CE) credit.

Other topics include practice management, anatomy and physiology, ophthalmic dispensing, special procedures and soft contact lens wear and care.

The modules cost \$40 for members and \$55 for non-members. The Education Library is \$200 for members and \$300 for non-members.

For more information on the "ABCs of Optical Dispensing" and other education materials provided by the AOA Paraoptometric Section, log onto www.aoa.org or contact the Paraoptometric Section at PS@aoa.org or 314-983-4222.

ODs are still encouraged to recognize their staff, as a follow-up to Paraoptometric Recognition Week, officially Sept. 14-20.

Now in its sixth year, the recognition week is designed to honor paraoptometrics for their dedication to the patients they serve and to the profession of optometry.

By paraoptometrics seeking education, acquiring new skills and becoming certified through the Commission on Paraoptometric Certification, the high standards for the profession challenge other support personnel who work within the profession to do the same.

The AOA-PS suggests a variety of ways to celebrate the week and provides Paraoptometric Recognition Week Promotional Kits free of charge to help in making plans for the observance. Kits may be requested by sending an e-mail to jvmurphy@aoa.org.



American Optometric Association
Low Vision Rehabilitation Section

LOW VISION UNIVERSITY™

EDUCATION FOR THE PRIMARY CARE OPTOMETRIST

Low Vision University™ (LVU), an educational program developed by the AOA Low Vision Rehabilitation Section (LVRS), provides **primary care optometrists** with the information needed to begin providing **low vision rehabilitation** in their practices to individuals with age-related vision loss. Low vision rehabilitation is a prescriptive treatment modality intended to maximize the use of residual vision. Low vision rehabilitation and nutritional supplements are the only non-surgical treatments currently available for the majority of people with age-related vision loss.

As part of the LVU program, participants receive information about ocular nutrition and eye health. Following the LVU presentations, 77% of the attendees surveyed said the presentation was either extremely or very beneficial in providing them with the information needed to assist their patients that are visually impaired. Additionally, 76% of the attendees said they would recommend attending "The Science Behind Lutein" presentation to their colleagues.

LVU is offered free of charge to optometric state associations for their single track educational programs, and is available as a 2, 3 or 4 hour educational program

If you are interested in having Low Vision University™ presented at your state association meeting, please contact the LVRS Manager, Stephanie Brown, at (800) 365-2219, ext. 4225 or sdbrown@aoa.org.

Low Vision University™ is made possible by a generous educational grant from:



More ODs offering contact lenses online

With many contact lens wearers now purchasing lenses online through e-retailers such as 1-800 Contacts, a growing number of optometrists have begun making replacement lenses available to patients through their practice Web sites, according to the AOA Contact Lens and Cornea Section (AOA-CLCS).

In many cases, practitioners are contracting with business-to-business-to-consumer (B2B2C) e-commerce services that specialize in facilitating sales of contact lenses to patients through practice Web sites.

B2B2C is an emerging field of online commerce that combines business-to-business (B2B) online wholesaling and business-to-consumer (B2C) online retailing, industry spokespersons say.

Many eye care practitioners already use B2B services to order contact lenses or other products from manufacturers or distributors. Direct-to-consumer online contact lens ordering is an example of

B2C commerce.

Over the past decade, several major contact lens distributors, optometric Web portals, and optometric Web site developers have launched B2B2C contact lens ordering services for optometric practice Web sites (see box).

The services allow patients to place orders for replacement contact lenses

ly to a distributor for fulfillment and shipped directly to the patient with the B2B2C handling all billing and credit card processing.

All of the systems use practice-friendly electronic prescription verification systems designed to spare practice staff from the type of telephone and fax verification requests commonly issued by

check.

Some services may charge set-up, maintenance or transaction fees, which are generally paid by the practice. Shipping charges are paid by the patient.

Proponents say that with B2B2C services, optometric practices can offer patients the same type of convenient, 24-hour-day, at-home lens

of Wal-Mart Optical Center practitioners.

LensCrafters, the nation's largest optical chain, already offers online lens ordering. So does Walgreens, the nation's largest drug store chain.

However, despite growth in online contact lens retailing, AOA-CLCS members who spoke with *AOA News* (and even some B2B2C developers) said they do not expect the Internet to radically alter the replacement contact lens market in the way it has reshaped some other fields of commerce.

Several successful contact lens practitioners told *AOA News* they have already tried and abandoned B2B2C contact lens dispensing due to lack of patient interest.

However, they also acknowledge that interest in online contact lens ordering is likely to continue growing over the coming years, particularly among younger patients.

One practitioner suggested that any practice with a substantial number of patients under age 35 probably needs to consider implementing online contact lens dispensing now; a practice with an older patient base may not.

Several practitioners suggested that while B2B2C services have been developed primarily to help optometric practices immediately compete for replacement contact lens business with online retailers, drug stores and discount houses, the services may be most important as part of a longer-range program to help ensure patient retention by increasing patient satisfaction with the practice's service and enhancing the image of the practice as a provider of state-of-the-art care.

(A detailed analysis of B2B2C services will appear in the Practice Strategies section of the December issue of *Optometry: Journal of the American Optometric Association*.)

One practitioner suggested that any practice with a substantial number of patients under age 35 probably needs to consider implementing online contact lens dispensing now; a practice with an older patient base may not.

using a special page on the practice Web site or a link to a Web site maintained by the B2B2C. About half of the services also allow patients to order contact lenses by telephone.

Contact lens orders are verified against practice records, in compliance with the federal Fairness to Contact Lens Consumers Act (FCLCA), transmitted direct-

online contact lens retailers.

Practitioners have authority to determine what contact lenses and other products will be made available on their practice Web sites as well as the pricing for each. The practice receives profits on sales (the retail price established by the practice, less the wholesale price charged by the distributor) in the form of a distributor credit or monthly

ordering offered by e-retailers – as well as the potential for some cost savings.

However, B2B2C services offer a number of additional advantages for both practices and patients, they say.

B2B2C developers say their services are designed to actively involve the prescribing eye care practitioner in the lens ordering process so patients can be better assured of receiving the exact lenses prescribed.

All of the services are designed to ensure patients obtain lenses only with a valid prescription. Most have features designed to help ensure patients undergo regular eye examinations.

The services effectively allow optometric practices to outsource many time-consuming contact lens ordering and dispensing functions, resulting in more staff time available for other duties and potential labor cost savings.

Growth in e-tailing

The developers of some B2B2C services expect patient interest in online lens ordering to peak this fall as Wal-Mart, the nation's largest retailer, launches a program with 1-800 Contacts to provide a form of B2B2C contact lens ordering for patients

B2B2C online contact lens ordering services for optometric practices

Listed below are business-to-business-to-consumer contact lens ordering services that responded to a request for information from *AOA News*. More detailed information on the various services will appear in the Practice Strategies section of the December edition of *Optometry: Journal of the American Optometric Association*.

Service	Developers	Web site
1Contacts.com Cincinnati, Ohio	Diversified Ophthalmics, Inc.	www.1Contacts.com
E-Dr.comPRO Chicago, Ill.	E-Dr. Network, Inc.	www.e-dr.com
EyeHub.com	John B. Rush, O.D.	www.eyehub.com
Firestone Optics.com Kansas City, Mo.	Firestone Optics, Inc.	www.firestoneoptics.com
ReorderContacts.com Rancho Cordova, Calif.	Eyefinity	www.eyefinity.com
PatientWire Boca Raton, Fla.	Wolf Bioscience, Inc.	info.patientwire.com
Yourlens.com Coral Springs, Fla.	ABB Concise Optical Group	www.abbcon-cise.com

DMEPOS,

from page 1

ODs and other providers enrolling or re-enrolling as DMEPOS suppliers were required to complete a lengthy accreditation process, which included the payment of a substantial accreditation fee and standards appropriate for commercial businesses not physicians. In addition, physicians who were already enrolled as suppliers were required to obtain certification by Sept. 30, 2009.

The AOA repeatedly objected to this "one-size-fits-all" approach to accreditation and also sought full recognition of the unique role of licensed health providers such as ODs, for whom

DMEPOS products, while essential to patient care, are a relatively small share of services.

For months, the AOA led a national coalition of provider groups aimed at winning needed changes to DMEPOS supplier requirements.

Twice providing testimony on Capitol Hill and continually pressing CMS officials, the AOA made known OD concerns that the new requirement was particularly excessive as the CMS defined "new" suppliers to include physicians who were merely changing or adding new practice locations. In late July,

the AOA was joined in the fight by a number of concerned members of Congress who voted to provide relief for ODs and other Medicare physicians by adding an AOA-backed provision to the Medicare physician payment correction bill.

However, until this month's announcement, which came one week after the AOA met with CMS officials about the issue, the CMS seemed intent on moving forward without any changes despite congressional intent to the contrary.

With the CMS reversal secured, the AOA now suggests that physicians whose

enrollment applications were denied due to lack of accreditation resubmit applications for a DMEPOS supplier number to the National Supplier Clearinghouse (NSC), which processes DMEPOS enrollment and reenrollment.

The CMS has indicated to the AOA that the enrollment process continues to take 60 days and "new" supplier numbers are only effective from the date the enrollment is approved.

Suppliers reactivating a deactivated number, however, should be able to retroactively bill to the date of deactivation once the reactivation

is complete, stated CMS officials. In addition, the CMS has acknowledged that it will clarify to the NSC that optometrists are physicians and exempt from DMEPOS accreditation, a concern raised by AOA members.

The new CMS DMEPOS fact sheet can be found at: <http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DMEPOS AccreditationMIPPA-FactSheet.pdf>.

AOA members with questions or concerns may direct them to Kelly Hipp at khipp@aoa.org or 800-365-2219, ext. 1346 or Rodney Peele at rpeele@aoa.org or 800-365-2219, ext. 1348.

e-prescribing

Connecting to Better Health Care

Featured Speakers



Michael O. Leavitt
Secretary, Department of
Health and Human Services



Kerry N. Weems
Acting Administrator, Centers for
Medicare & Medicaid Services



Newt Gingrich (live via satellite)
Founder, Center for
Health Transformation



David J. Brailer, MD, PhD
Chairman, Health
Evolution Partners
Former National Coordinator
for Health Information Technology

Other top industry
and national leaders
have also been
invited.



National E-prescribing Conference

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Attention Health Care Professionals:

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www.e-prescribeconference.com

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American Pharmacists Association (APhA)
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Arizona Health-e Connection (AzHeC)
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California HealthCare Foundation (CHCF)
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National Alliance of State Pharmacy Associations (NASPA)
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National Community Pharmacists Association (NCPA)
National Council for Prescription Drug Programs (NCPDP)
New England Healthcare Institute (NEHI) and the Massachusetts Technology Collaborative (MTC)
Pharmaceutical Care Management Association (PCMA)
State of Tennessee
SureScripts RxHub



ODs make convention contacts



While Democratic and Republican Party faithfuls rallied around their respective nominees, the AOA was working hard to grow the number of "Optocrats" nationwide. From left are Donna Ellinger, O.D., Colorado Optometric Association immediate past president; Rep. James Clyburn (D-S.C.), U.S. House of Representatives Majority Whip; and AOA Trustees Mitch Munson, O.D., and Steve Loomis, O.D. The four were attending an AOA-sponsored Congressional Lunch in Denver, Colo.

AOA First Look

In a new benefit exclusively for AOA members, the AOA has teamed up with *U.S. News and World Report* to provide a daily e-mail summary of health care and ophthalmic news titled "AOA First Look." Editors from a division of *U.S. News* scan the Web and compile digest articles of news most likely to interest optometrists. AOA members and optometry students who already receive association e-publications should be receiving AOA First Look now. If not, check your spam-blocking settings and add FirstLook@AOA.custombriefings.com to your address book. If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting. To sign up, send an e-mail to addresschange@aoa.org.



AOA, CMS partner to promote E-Rx, reporting of quality care optometrists provide

The AOA has made it a top priority to foster partnerships with federal agencies and gain greater visibility for optometry in Washington, D.C.

Today, the AOA is working closely with the Centers for Medicare & Medicaid Services (CMS) to promote widespread use of e-prescribing (e-Rx) and improve safety and quality through greater reporting of the first-

rate care that ODs provide to patients.

E-Rx Conference

As the only non-MD/DO sponsor, the AOA has partnered with the CMS to host a National E-prescribing Conference Oct. 6-7 at the Sheraton Boston Hotel in Boston, Mass. This timely conference will aim to educate ODs and other physi-

cians about a newly enacted federal program of incentive payments to encourage the use of electronic prescribing (e-Rx). Registration is free.

Enacted on July 31, the AOA-backed Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) established a five-year program of incentive payments to eligible professionals who are "successful electronic prescribers."

Successful prescribers are those who either report applicable electronic prescribing measures established under the Physician Quality Reporting Initiative (PQRI) or who electronically submit prescriptions under Medicare.

The incentive payment program begins on Jan. 1, 2009, and the conference will serve to educate ODs and other physicians on the MIPPA program as well as

CMS plans for implementation. However, in 2011, the reward for e-prescribing will begin to phase out, while a penalty for not e-prescribing begins in 2012.

Find out how to earn incentives from Medicare, learn how e-Rx can work for your practice and get answers to your questions about privacy, security and risk management. Register at www.e-prescribeconference.com.

HHS designates 11 more chartered value exchanges

U.S. Department of Health & Human Services (HHS) Secretary Mike Leavitt announced Sept. 3 that 11 more organizations have been added to the department's roster of federally chartered value exchanges (CVEs).

An integral part of an HHS initiative to encourage "value-driven" health care, value exchanges are local collaborations of health care providers, employers, insurers, and consumers working jointly to improve care and make quality and price information widely available, according to an HHS statement.

The exchanges are intended to provide a forum through which consumers, providers

and payers can negotiate for the providing of health care services based on the value and quality of care.

Quality reporting efforts, similar to the Medicare Physician Quality Reporting Initiative (PQRI), pay-for-performance (P4P) programs, and quality improvement programs are to be encouraged and facilitated by the exchanges, according to the HHS.

The AOA Advocacy Group encourages optometrists to become actively involved in shaping the policies of local value exchanges.

The HHS announced plans for its national network of value exchanges in May 2007. The first 14 exchanges were announced in February of this year.

As chartered value exchanges, the organizations will now have access to infor-

mation from Medicare that gauges the quality of care that physicians provide to patients.

Other efforts include the recently expanded Hospital Compare consumer Web site, www.hospitalcompare.hhs.gov that provides quality information for hospital care of adults and children.

The CMS is looking into ways to develop a similar resource to facilitate comparison of physicians, including optometrists, as well as other health care professionals.

The CMS was scheduled to make available performance measurement results

for the initial 14 value exchanges as this *AOA News* went to press.

The measurement results cover 12 consensus-based quality measures adopted by the AQA Alliance and endorsed by the National Quality Forum.

The CMS expects to release performance measurement results for the 11 new value exchanges by the end of the month.

In addition to providing quality measurements, value exchanges become part of a nationwide Learning Network sponsored by the HHS Agency for Healthcare Research and Quality.

The network plans to provide "peer-to-peer learning experiences and technical assistance opportunities through facilitated meetings face-to-face and on the Web," according to the HHS statement.

The HHS has identified regional health improvement organizations in 90 communi-

ties that may eventually qualify as value exchanges.

Leavitt has actively encouraged the development of such health improvement organizations over the past two years.

The HHS recently announced it was once again accepting applications from such organizations for a third round of value change charters. The application period closes Oct. 30, 2008.

Additional information can be found on the HHS value-driven health care Web page (www.hhs.gov/value-driven).

The AOA Advocacy Group encourages optometrists to become actively involved in shaping the policies of local value exchanges.

The new chartered value exchanges (CVEs) are:

- ❖ Aligning Forces for Quality, York, Pa.
- ❖ California Chartered Value Exchange, San Francisco
- ❖ The Colorado Chartered Value Exchange, Denver
- ❖ eHealth Connecticut, Inc., Middletown
- ❖ Greater Louisville Value Exchange Partnership
- ❖ Health Improvement Collaborative of Greater Cincinnati and HealthBridge
- ❖ Kansas City Quality Improvement Consortium
- ❖ Michigan Health Information Alliance, Mt. Pleasant
- ❖ Nevada Partnership for Value-driven Health Care, Las Vegas
- ❖ Quality Health First program, Managed by the Indiana Health Information Exchange, Indianapolis
- ❖ Virginia Health Care Alliance, Glen Allen



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SPOTLIGHT ON AOA MEMBERS

Paraoptometric writes of work in Iraq

In honor of Paraoptometric Recognition Week this September, the AOA News is highlighting the work of a paraoptometric serving in Iraq. Cpl. Charlotte Barrow is serving as an optical lab specialist in the Army and shares what life is like for her overseas. She is stationed at Speicher, an operating base camp near Tikrit, Iraq.

By Cpl. Charlotte Barrow

When I joined the Army, I chose the job of "Optical Lab Specialist" not knowing what it would entail. I thought I'd be in some nice lab making glasses, and there would be no need for me in Iraq. Was I wrong or what?

I'm currently on my second tour, and besides being away from my home, family, and four-legged children (a boxer and a Labrador), I don't mind it. My only true complaint is the length of the deployment.

My true job as a 68H (optical lab specialist) is to make glasses, but I've also been cross-trained to screen patients and present them to the doctor. I do enjoy making the occasional pair of glasses, but enjoy working with patients much more.

We had someone a while back who had shrapnel removed from his globe. He will never be forgotten. While I was here in Speicher eating a piece of my birthday cake, he was getting hit by an IED (improvised explosive device).

He was flown to a hospital where an ophthalmologist removed the shrapnel from



Cpl. Charlotte Barrow en route to a new location in Iraq.

his globe and placed a drainage tube in his eye.

I met him a few days later when he came for a follow-up at our clinic. Because he was so light sensitive, I turned off the lights before removing his bandage. He

him return to his job.

I'm happy to report that he's back at his home station, in the States, safe and sound.

In my two tours, I have been to 11 different camps – and some more than once.

We not only provide

tour would be spent traveling from camp to camp.

Seeing new parts of the country, flying in helicopters, and meeting new people is amazing.

There is so much history here. I was even lucky enough to visit the biblical home of Abraham in the city of Ur. I wish I could see much more than I have.

All camps are different, and some have more to offer than others.

Some (very few) have really nice facilities like pools, a real movie theater, sidewalks, street lights, several nice DFACs (dining facilities), big nice gyms, PXs (post exchange) with decent variety, while others have one small DFAC, one small gym, and a very small PX if they're lucky.

Going to different places makes the time move faster and makes me grateful for what I've got at Speicher and

"We can pack our clinic in two med chests and deliver eye exams. It's much safer for us to give exams on missions than to have the soldiers try to convoy to us."

was in such pain, he would talk at a whisper.

A few weeks later he was laughing, joking and back to his old self. He only had two requests: for us to take out the stitch that was holding the tube in place and to let him back on convoys.

The stitch had to stay in place until redeployment, but we let

services to our camp, but also to the surrounding areas.

Some patients come to us, but if the need is great enough we go to them.

We can pack our clinic in two med chests and deliver eye exams. It's much safer for us to give exams on missions than to have the soldiers try to convoy to us.

We give between 30 and 300 exams on each mission. Upon returning, we place all the orders and mail the glasses to the patients.

Going on missions is my favorite part. Before my first mission, I was apprehensive, but enjoyed it so much that I now volunteer for all of them. If I had my way, my entire

at home.

Sometimes I don't feel like I'm doing my part here in Iraq. I don't go on convoys, have yet to fire my weapon, or feared for my life.

Most of the service members we treat are the "true" soldiers. We're just doing our part to keep them in the game.

We provide the sight for our forces to fight. Between the months of June 2007 and May 2008, we gave more than 2,700 eye exams and ordered more than 3,800 glasses and inserts.



Cpl. Charlotte Barrow

We've had some soldiers come in 15 minutes after getting off a convoy with no glasses (because something happened to them on the convoy). We are able to give them a complete eye exam and have them out the door with new glasses in 30 to 40 minutes.

Luckily, that's not an everyday occurrence, but it's vital that we are able to do it.

Soldiers fight for the person to the right and left of them, and we give them the sight to do that.



Temporary exam room and optical dispensing office.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to RAFoster@aoa.org.

Registration now live for second EHR seminar

Online registration is now open for the AOA's "Building the Paperless Practice: AOA's Electronic Health Records Seminar," Dec. 5-6, 2008, at the new Hilton Baltimore in Baltimore, Md.

Optometrists and staff can register for the conference at www.aoa.org/paperless.xml. The first conference sold out—ODs are urged to register early.

Presentations will cover what ODs need to know to comply with federal standards and how health information technology may affect future reimbursement.

Other presentations will cover all aspects of implementing electronic health records (EHRs) in a practice, interoperability and security issues related to EHR products, and guidance on what to consider when investing in EHR and e-prescribing products, as shared by experienced optometrists who have already adopted health information technology.

Program highlights will include:

❖ **Federal Update:** Col. Francis L. McVeigh (Ret.), II, O.D., M.S., senior clinical consultant, Telemedicine and Advanced Technology Research Center.

❖ **Implementation:** **Planning:** Scot Morris, O.D., medical director of Eye Consultants of Colorado and founder and senior technology consultant for Ocular Technology Solutions, Inc., the industry leader in technology consulting services.

❖ **EHR System Selection, Product Analysis:** Kelly Kersick, O.D., director of professional services for Vision Source.

❖ **Selection: Hardware and Other Considerations:** Kim A. Castleberry, O.D., consultant, speaker and researcher for numerous equipment, contact lens, pharmaceutical, insurance and software companies. He serves on the medical review staff for Medicare and has performed hundreds of Medicare audits.

❖ **Implementation:** **Integration/Managing the**



Personality of Change:

Philip J. Gross, O.D., who has helped many sizes and types of practices make the move to computerization. Dr. Gross has firsthand experience with many of the current optometric software choices. A member of the AOA Health Information Technology & Telemedicine Committee, he lectures on computer hardware, software, and new technologies relating to optometry and ophthalmology practices.

❖ **E-prescribing:** Dr. McVeigh

❖ **Implementation: The Human Element:** Dr. Morris. There will also be a panel discussion on "Going Electronic:

Our Experiences" moderated by Kirk L. Smick, O.D., chief of primary care services at the Clayton Eye Center in Atlanta, a full-service eye care facility with 10 ophthalmology and optometric providers. Dr. Smick is the chair of the AOA's Continuing Education Committee.

Vistakon®, Division of Johnson & Johnson Vision Care, Inc. has generously agreed to provide a grant to be a Global Sponsor of the AOA's Electronic Health Records seminars.

Vistakon's support helps the AOA continue to address the practice management needs and help streamline the effi-

ciency of optometric practices' EHR technology and ultimately help practitioners provide better patient care.

Panel sponsors of the program are:

- ❖ Compulink
- ❖ EMRlogic Systems, Inc.,
- ❖ EyeCodeRight Online,
- ❖ First Insight Corporation,
- ❖ OfficeMate Software Solutions, Inc.

A mini-exhibit hall will allow optometrists and office staff to talk with vendors about their specific needs.

The above panel sponsors, Compulink, EMRlogic Systems, EyeCodeRight Online, First Insight Corporation and OfficeMate Software Solutions, will be featured in the seminar's Exhibit Hall.

Additional Exhibit Hall sponsors include: Carl Zeiss Meditec, Marco, QM Systems, LLC, Topcon Medical Systems, Inc., and VersaSuite – Integrated Healthcare Solutions

Another EHR conference will be held Feb. 20-21, 2009, in San Francisco.

Healthy Eyes Healthy People®, InfantSEE® Scholarship winners announced

The winners of the 2008 Healthy Eyes Healthy People Scholarship program for third-year optometry students in each school and college of optometry in the United States have been announced by Optometry's Charity™ – the AOA Foundation.

Starting in 2008, C&E Vision, an optometric buying group, has in concert with Optometry's Charity™ established a scholarship grant to support the AOA Healthy Eyes Healthy People Program. The support takes the form of providing a \$1,000 scholarship to be awarded to a student at each of the 17 accredited schools and colleges of optometry in the United States. C&E Vision is committed to donating the funds to help the AOA continue its efforts to inform all AOA members and all American Optometric Student

Association (AOSA) members of the importance of this project.

To be eligible for the Healthy Eyes Healthy People™ Scholarship Grant, funded by C&E Vision, a student must:

- ❖ Be a third-year student member (class of 2009) in good academic standing in an accredited school or college of Optometry;
- ❖ Be a student member of the AOSA and the AOA;
- ❖ Submit a paper, not to exceed 1,000 words on the following topic: *How will you, as a primary health care provider, aid in achieving the following objective: "Reduce visual impairment due to diabetic retinopathy?"* This objective is included in the 10 stated goals of the "Healthy People 2010: Vision and Eye Care Objectives for the Nation."

The winners of the 2008 InfantSEE® Scholarship program for third-year optometry students in each school and college of optometry have been announced by Optometry's Charity™ – the AOA Foundation.

Starting in 2008, Vision West, Inc. (VWI), a national optometric buying group, has in concert with Optometry's Charity™ established a scholarship grant to support the InfantSEE® program. The support takes the form of providing a \$1,000 scholarship to be awarded to a student at each of the 17 accredited schools and colleges of optometry in the United States. VWI is committed to donating the funds to help the AOA continue its efforts to inform all AOA members and all American Optometric Student Association members of the importance of this project.

To be eligible for the InfantSEE® Scholarship Grant, funded by VWI, a student must:

- ❖ Be a third-year student member (class of 2009) in good academic standing in an accredited school or college of Optometry;
- ❖ Be a student member of the AOSA and the AOA;
- ❖ Submit a paper, not to exceed 1,000 words, on the following topic: *"How will you, as a primary health care provider, use your professional skills and patient treatment programs to further the goals of the Optometry's Charity InfantSEE® Program?"*

Grantees are: Illinois College of Optometry, Kelly Martin; Indiana University School of Optometry, Meredith Jansen; Inter-American University of Puerto Rico, Karen Mak; Michigan College of Optometry at Ferris State

University, Rachael Peterson; New England College of Optometry, Rajvinder Pabla; Northeastern State University College of Optometry, Brandon R. Mayes; Nova Southeastern University College of Optometry, Tamatha Tomeff; The Ohio State University College of Optometry, Nahrain Shasteen; Pacific College of Optometry, Stephanie Du; Pennsylvania College of Optometry, Amy L. Kohen; Southern California College of Optometry, Ben Leishman; Southern College of Optometry, Ashley E. Schuelke; State University of New York State College of Optometry, Jaclyn Benzoni; University of Alabama at Birmingham, Priyal Gadani; University of California-Berkeley, Premilla Banwait; University of Missouri-St. Louis, Jacquelyn Smith; University of Houston, Karen Liu.

Medicare: physician signatures not required for diagnostic tests

Beginning Sept. 30, Medicare will no longer require physicians to personally sign orders for diagnostic tests, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

However, physicians must continue to carefully document all orders for laboratory tests – and the justification for those tests — in patient records, the CMS emphasizes.

The CMS issued health care providers new guidance

on lab orders last month in Medicare Learning Network Matter article MM620, “Physician Signature Requirements for Diagnostic Tests.”

“... a physician’s signature is not required on orders for clinical diagnostic tests (including X-ray, laboratory, and other diagnostic tests) that are paid on the basis of the clinical laboratory fee schedule, the Medicare physician fee schedule, or for physician pathology services,” the CMS article advises.

“While a physician order is not required to be signed, the physician must clearly document in the medical record his or her intent that the test be performed. Make sure that your office, billing, and/or laboratory staffs are aware of this updated guidance regarding the signature requirements for diagnostic tests.”

Optometrists should be aware of the Medicare policy on diagnostic test orders when using cultures or blood tests to determine pathogens

or systemic conditions that may be contributing to eye conditions, the AOA Clinical Care Center notes.

Medicare has not actually required physician signatures on lab orders for diagnostic tests since the end of 2002, the CMS notes.

However, updates to that effect were inadvertently omitted from the Medicare Benefit Policy Manual.

Policies regarding physician signatures on orders for diagnostic tests are outlined in the Medicare Benefit

Policy Manual, Chapter 15 (Covered Medical and Other Health Services), Section 80 (Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests) Subsection 80.6.1 (Definitions).

Additional information about physician signature requirements for diagnostic tests can be found in CR 6100, which can be accessed on the CMS Web site at www.cms.hhs.gov/Transmittals/downloads/R94BP.pdf.

Peinovich earns Galina Grant

Optomety’s Charity™ – The AOA Foundation, recently selected Maryn Peinovich, from the Southern California College of Optometry, as winner of the 2008 Dr. Seymour Galina Grant.

The Foundation’s Endowment Fund sponsors an annual essay contest, open to third-year students of optometry.


Ms. Peinovich has been awarded a \$2,500 grant for her winning essay, “Experiences that I will bring to a Private Practice.”

The Dr. Seymour Galina Grant was established through a bequest from the late Seymour Galina, O.D., a longtime AOA member.

Dividends and interest income, generated each year from his gift account, provide funds for a grant to be awarded to one incoming fourth-year student of optometry.

Dr. Galina and his family continue to be honored for his generosity and dedication to the profession of optometry.

For more information on the Seymour Galina Grant as well as application guidelines for 2009, please contact Optometry’s Charity™ – The AOA Foundation at 314-983-4209.



How To Protect Your Two Most Valuable Assets

Your income and your practice are two of your most valuable assets. Yet, many optometrists have done little to protect their incomes and their businesses against a debilitating injury or sickness.

To help protect your assets against the overwhelming financial impact of a disability, AOA offers two affordable solutions:

Income Protection with the AOA Long Term Disability Insurance Plan.

- ✓ Can provide tax-free disability benefits to \$6,000.00 a month up to age 70 to help you pay your household and other personal expenses.
- ✓ Can offer additional benefits for a catastrophic disability.

Business Protection with the AOA Business Overhead Expense Insurance Plan.

- ✓ Can provide a monthly benefit of up to \$15,000.00 for up to 18 months to help you pay major office expenses like employee salaries, rent, interest on business loans, utilities, professional membership fees, business and professional liability insurance premiums and other monthly business bills.
- ✓ Offers flexibility to help meet your needs—whether you practice alone, work part-time, or share expenses with other doctors.

The policies or its provisions may vary or be unavailable in some states. The policies have exclusions and limitations that may affect any benefits payable. Contact your plan administrator for specific coverage provisions or refer to Master Policy 1080 and 1082. Underwritten by Unimerica Insurance Company, 145 Commercial Street, Portland, ME 04101.

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City, State, ZIP: _____ Daytime Phone #: _____

E-mail Address: _____

Mail to: AOA Insurance Program, PO Box 22708, Santa Barbara, CA 93121-2708.

What if you suddenly couldn’t work? How would you pay your bills?

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Eyemaginations

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Johnson & Johnson Vision Care, Inc

Kemin Health

Liberty Sport

Luxottica Group

Marchon Eyewear

Optos

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Optos

Optos plc is a leading and rapidly growing medical technology company for the design, development, manufacturing and marketing of devices that image the retina. Optos' platform technology delivers a high-resolution image of up to 200 degrees or approximately 82 percent of the retina in a single capture in a quarter of a second.

Optos has commercialized a full range of complementary retinal imaging devices: P200 is concentrated on well-ness screening; P200C in the advanced clinical optometry and ophthalmology markets; P200MA supports retinal specialists through an advanced medical angiography procedure. All three devices provide practitioners with the benefit of an ultra wide-field view of the retina or, alternatively, a maximized resolution image of the central pole—each facilitating the early detection and management of disorders and diseases evidenced in the retina, such as glaucoma, diabetic retinopathy and age-related macular degeneration as well as evidence of non-eye or systemic diseases such as diabetes, hypertension and certain cancers. Optos' technology provides an unequalled combination of wide-field retinal imaging, speed and convenience for both practitioner and patient and can help save sight and save lives.

Optos recently introduced the latest version of its proprietary operating software – V2® Vantage Dx, which provides added functionality and features, and is available with all new devices and to current Optos partners. V2® Vantage Dx with Exact Disc™ Nerve Enhancement provides a natural presentation of the nerve head. Also, there are new features within 3D Wrap™ Patient Orientation Tool that include a refractive error capability that enables the doctor to demonstrate the effects of refractive error and how this affects vision, providing greater patient education. Another important addition includes a proprietary set of software tools that introduce a new workflow that promotes high patient acceptance rates.

These latest enhancements to Optos' operating software follow a series of updates including the addition of the optomap® plus Medical Retinal Exam, which is eligible for reimbursement under fundus photography (92250), and V2® Vantage with features such as ResMax™ High Resolution for the Central Pole, 3D Wrap™ Patient Orientation Tool and Targeted Ophthalmoscopy, which simulates the view of a BIO exam, among others.

Optos' newest device, the P200C, is designed to meet the need for more exacting clinical imaging capabilities within practices that have a high percentage of patients with ocular disease. The P200C delivers both ultra wide-field and ultra high-resolution images to facilitate disease management and clinical analysis. Improved automated eye steering promotes easy multiple image acquisition from a single patient to capture far-peripheral abnormalities, in some cases reaching the ora serrata.

Optos' unique partnership program provides a wealth of technical, educational and marketing resources, including on-site staff and physician training, best practice protocols, patient education materials and marketing outreach programs, as well as continued maintenance and customer support.

Optos plc is headquartered in Dunfermline, Scotland, and was admitted to the Main Market of the London Stock Exchange on Feb. 15, 2006, trading under the symbol OPTS. Optos' North American headquarters is based in Marlborough, Mass. For more information, visit www.optos.com.

Vistakon launches CL reminder service on Facebook

Vistakon®, Division of Johnson & Johnson Vision Care, Inc., announced the launch of its Acuminder™ Facebook application (www.acuminder.com/facebook).

The newest function of the free online contact lens compliance service serves as a multipurpose lifestyle tool available to Facebook's 100 million active users.

Acuminder was introduced last year as a complementary online service designed to help improve contact lens compliance and eye health for the nation's 38 million contact lens wearers.

As a Facebook application, Acuminder allows users to receive reminder messages via e-mail and/or alerts in their Facebook newsfeed.

In addition to helping consumers with contact lens compliance to help avoid potential eye health complications, Acuminder Facebook reminders can pertain to just about anything, including taking daily medications, doctors' visits, work deadlines, important social events and more. Reminders also can easily be sent to other Facebook users.

Contact lens wearers who do not use Facebook can still register for the free service at www.acuminder.com and elect to receive an automatic reminder about changing or ordering new contact lenses via e-mail, cell phone text message, and/or a computer desktop prompt.

"Contact lens wearers should adhere to prescribed replacement schedules and recommended wearing schedules, which is why a reminder service such as

Acuminder is so valuable," said Sheila Hickson-Curran, director, Medical Affairs, Vistakon. "By not following doctor's instructions on proper wear and care, contact lens wearers may put themselves at greater risk for infection or other serious complications."

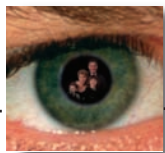
Even though doctors and manufacturers provide instructions about caring and wearing contact lenses, less than half of wearers (46 percent) always replace their contact lenses in accordance with their recommended schedule, with younger wearers less likely to be compliant according to Americans' Attitudes & Perceptions About Vision Care, a survey of 3,700 Americans conducted by Harris Interactive® on behalf of The Vision Care Institute™, LLC, a Johnson & Johnson Company in 2006.

Acuminder users report increased compliance thanks to the reminder service, which is open to all contact lens wearers.

In its first year, more than 11,000 contact lens wearers signed up for Acuminder.

In a January 2008 survey, bi-weekly contact lens wearers reported a marked improvement in their contact lens behavior—the average number of days between lens changes decreased from 19 days to a compliance of 15 days.





VSP survey shows most young children have never had eye exams

VSP Vision Care recently released the results of its nationwide Consumer Eyecare and Eyewear Survey of nearly 4,000 Americans that revealed more than three-quarters (76 percent) of children under the age of 5 have never had a comprehensive eye exam.

“While most parents probably assume that vision screenings provided by pediatricians and school nurses are enough, those screenings are nowhere near as exhaustive as the comprehensive eye exams that optometrists and ophthalmologists provide,” said James Short, O.D., chair of VSP Vision Care’s board of directors.

“Before children enter school, an eye doctor should examine the eyes for signs of astigmatism, nearsightedness, farsightedness and also examine the structure of the eye for telltale signs of serious diseases affecting more American kids each year,

including diabetes, hypertension and high cholesterol,” said Dr. Short.

Beyond getting children professional eye exams before they enter kindergarten, parents can also help preserve their kids’ vision for years to come with a few other preventive measures.

The VSP Consumer Eyecare and Eyewear Survey revealed that most adults seem to give better protection to their eyes than their children’s eyes. While 68 percent of adults wear sunglasses outdoors, less than 30 percent of children wear sunglasses outdoors.

“While most people are becoming quite vigilant about using sunscreen to protect their skin, most parents may not realize that the sun’s harmful rays can also severely damage their children’s eyes,” said Dr. Short. “Long-term effects of sun damage to the eye include: macular degeneration—the leading cause of blindness for

Americans over 60 years old; cataracts... and pterygium.”

The sun is not a parent’s only vision concern for children. Two-thirds (67 percent) of America’s 6 to 11-year-olds and almost three-quarters (73 percent) of 12- to 17-year-olds play video games, watch TV or use computers for an average (combined school and home) of four or more hours each day.

“With children spending more time in front of some sort of screen every day, Computer Vision Syndrome (CVS), a serious vision issue that can cause blurred vision, eyestrain, headaches, and neck and shoulder pain, will become more prevalent in our children,” said Christopher Clark, O.D., a VSP optometrist based in Seattle, Wash.

VSP Vision Care recommends the following preventive measures to keep the whole family’s eyes healthy.

To ensure that a child is receiving proper eye exams

start early: A child’s first eye exam should take place at 6 months of age. He or she should visit the eye doctor again at age 3 and 5. The AOA Clinical Practice Guidelines make the same recommendations.

Look for the signs: “Headaches, issues with hand-eye coordination or problems with focus or attention could all be signs of poor vision,” said Amir Khoshnevis, O.D., a VSP optometrist based in Charlotte, N.C. “Before behavioral medication is prescribed to a child, they should always see an eye doctor to rule out significant vision problems.”

Steps to avoid CVS include:

- ❖ 20-20-20: While on the computer, take a break every 20 minutes and spend 20 seconds looking at something 20 feet away.
- ❖ Right light: Keep bright lighting overhead to a minimum. Keep the desk lamp shining on the desk, not over-

head. Try to keep window light off to the side, rather than in front of or behind the monitor. Close your window blinds and use an anti-glare screen protector.

❖ Computer specs: the optometrist can prescribe a pair of glasses specifically designed for computer use that can help lessen the symptoms of CVS.

Tips for keeping sunglasses on children include:

- ❖ Make it fun: “Although parents may find it difficult to keep sunglasses on their children for more than 30 seconds, it’s important to make the process fun for them. By purchasing bright-colored frames and flexible materials, parents can make children happy about putting something on their face,” said Dr. Khoshnevis.
- ❖ Keep it safe: By attaching sunglasses with an eyewear cord, children are less likely to lose or damage their sunglasses during a day at school or on the playground.

7Eye releases study indicating relief for dry eye symptoms

7Eye Eyewear released a clinical study showing that contact lens wearers using Panoptix 7Eye® sunglasses over a two-month period experienced a significant drop in symptoms typically associated with end-of-day dryness due to contact lens wear.

The study was conducted by Randall Fuerst, O.D., at Eye Center Optometrics in Citrus Heights, Calif.

Two families of 7Eye sunglasses were used in the study: SPF100 (Seal Protection Factor) and SPF75 models.

The SPF100 models feature an eyecup with filtered vents to manage air flow and achieve a seal around the wearer’s eyes. The SPF75 models use an air dam to knock down wind, irritants and back glare.

The study found both technologies to be effective in relieving dry eye symptoms caused by end-of-day dryness.

“The evidence that 7Eye effectively functions to increase corneal humidity, thereby increasing the eyes’ lipid layer was overwhelming,” said Dr. Fuerst, director of the study. “As reported in the study, nine of the 64 patients exhibited pre-study punctate staining. Of these nine, seven showed no punctate staining after two months of occasional use and one had a 60 percent decrease—a clear demonstration of improved corneal health.”

The study indicated 7Eye’s SPF75 and SPF100 models both delivered patients substantial relief from dry eye symptoms compared to a control group that wore the SPF100 eyewear without the eyecup.

Only occasional outdoor wear was required to register significant relief (33 percent drop in symptoms).



Shown is 7Eye style Churada, part of the Seal Protection Factor (SPF) 100 collection.

Tests for corneal staining before and after the two-month test period demonstrated that wearing 7Eye improves the corneal surface by increasing the eyes’ lipid layer, slowing the evaporative process and protecting the eyes and contact lenses from significant wind gusting that typically causes dry eye symptoms.

Wearing 7Eye SPF75 or SPF100 models may significantly extend a contact lens wearer’s ability to wear contacts on an hourly, weekly and monthly basis and over the course of a lifetime, according to the company.

“For contact lens wearers, wearing sunglasses is a good idea,” said Dr. Fuerst. “The results of this study show that wearing the 7Eye greatly enhances comfort while improving performance.”

Jeffrey L. Weaver, O.D., AOA Clinical Care Group director, points out that while this study has many limitations, the products are promising — possibly leading to increased wearing time.

Visit www.7EYE.com for more information.



MEETINGS

October

EASTWEST EYE CONFERENCE
OHIO OPTOMETRIC
ASSOCIATION
October 2-5, 2008
Cleveland Convention Center
Linda Fette
800-999-4939 phone
614-781-6521 fax
www.eastwesteye.org
info@ooa.org

INTERNATIONAL
VISION EXPO WEST
Las Vegas, Oct. 2-6
www.visionexpowest.com

SWING FORE SIGHT GOLF
TOURNAMENT
TO SUPPORT PREVENT
BLINDNESS AMERICA
Thursday, October 2, 2008 at
Vision Expo West
Bali Hai Golf Club, Las Vegas, NV
Colleen Robbins, Prevent Blindness
America, 312/363-6023
crobbins@preventblindness.org

KENTUCKY OPTOMETRIC

ASSOCIATION FALL
EDUCATIONAL CONFERENCE
October 3-5, 2008
Embassy Suites Hotel, Lexington,
800/320-2406
sarah@kyeyes.org
www.kyeyes.org

WEB 5: THE CHILD-FRIENDLY
LOW VISION EXAM
October 3, 2008 (viewable on
demand for 6 months [registration
required])
800/829-0500
www.lighthouse.org

OPTOMETRY ASSOCIATION OF
LOUISIANA FALL C.E.
CONFERENCE
October 4, 2008
Sheraton Hotel, Baton Rouge
Dr. Jim Sandefur
318/335-0675
FAX: 318/335-0677
optla@bellsouth.net
www.optla.org

See Calendar, page 23

**To submit an item
for the meetings calendar,
send a note to
eventcalendar@aoa.org**

CLCS offers free online CE

The Contact Lens and Cornea Section (CLCS) of the AOA is offering FREE online continuing education courses at www.aoa.org/x6595.xml. AOA members can take advantage of this innovative AOA CLCS online program, supported by an educational grant courtesy of CooperVision, by choosing from one (or both) of the COPE-approved one-hour modules.

The site, called AOA CE Online, is an advanced hyper learning portal featuring web-video content packaged in an easy-to-use, high-impact and interactive format.

AOA CE Online is a product of Visual Eyes' iSTORY™ technology, a versatile information delivery platform for education and training designed to deliver compelling content over the web. The site integrates CE testing and certification, tracking and reporting of CE hours, and user-survey feedback.

AOA CE Online features two one-hour CE courses, produced for the AOA Contact Lens and Cornea Section, sponsored by CooperVision.

❖ Course 1: 1-Day Contact Lenses presented by Jack L. Schaeffer, O.D.
Course learning objectives:

1. Review the risks associated with wearing soft contact lenses.
2. Review the safety aspects of wearing 1-Day disposable lenses.
3. How to present the 1-Day lens advantages to your patients.
4. How to position 1-Day lenses to benefit your patients and your practice.

❖ Course 2: Silicone Hydrogel Update presented by Lyndon Jones, Ph.D., FCOptom

Course learning objectives:

1. How SiHy lenses contribute to reducing contact lens wear drop-outs.
2. Understanding the oxygen delivery characteristics of SiHy materials.
3. Understanding the wettability characteristics of SiHy materials.
4. Understanding the surface deposition characteristics of SiHy lenses.

For more information on the AOA CLCS online CE program, contact Mary Beth Rhomberg, O.D., associate director of Sections, at 800-365-2219, ext. 4148.

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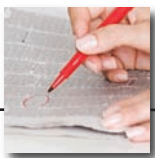


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- Assist with inpatient consults, with the primary responsibility of covering hospital consults
- Opportunity to work with collegial staff and create new programs
- Growing department now features Pachymetry, OCT, Fundus Photography, HVF and offers Fluorescein Angiography, with in-house eyewear/contact lens department

For more information, please contact Autum Kline, Physician Recruiter, at 1-800-845-7112, email: aumkline@geisinger.edu or visit www.Join-Geisinger.org/589/Optometry

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fax 406.443.4614

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36 S. Last Chance Gulch, Suite A, Helena, MT 59601

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31 Para/Optician credit hours offered; 15 credits attainable

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The Guild

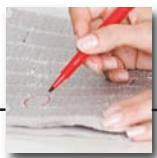
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Registration is \$395 and includes continental breakfast, lunch and refreshments during breaks. A limited number of hotel rooms are being held at the special rate of \$159/night. Do NOT contact the hotel for this special rate. All hotel reservations must be made by contacting Carol Conover at 1-770-352-3666.

To register contact: Dr. Bill Jenkins • The Guild • PO Box 679 - Walhalla, SC 29609
bjenkins@nuvox.net • fax: 864-638-9979



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Florida Optometric Association

In Conjunction with Nova Southeastern University College of Optometry



Bausch & Lomb

Date:

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2008



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To register, go to www.floridaeyes.org or contact
Kellie Webb, Education Coordinator at 800-399-2334 or email
Kellie@floridaeyes.org

For hotel reservations, please call 877-478-6786

Cut off date for special room rate of \$129/night is October 20, 2008

Director of Clinical Examinations

The National Board of Examiners in Optometry seeks person to drive ongoing development of the National Board's Part III Patient Care and Advanced Competence in Medical Optometry (ACMO) examinations. O.D. degree & passing scores on all three National Board examination parts with 5+ years of optometric clinical care exp. & completion of an accredited optometric residency training program req.

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Western University of Health Sciences, a thriving center for health care and veterinary education in Pomona, California, is headquarters to nine colleges – Optometry, Dental Medicine, Podiatric Medicine, Graduate Biomedical Sciences, Allied Health, Graduate Nursing, Osteopathic Medicine, Pharmacy, and Veterinary Medicine. The University values a diverse community and is committed to unparalleled excellence in its faculty, staff and students (www.westernu.edu).

The Western University College of Optometry seeks applicants for didactic and clinical faculty with a variety of interests to participate in the development and implementation of its curriculum. Candidates should have a record of distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and/or patient care, as applicable.

Job description will vary with the expertise and inclinations of each successful candidate and may include a combination of teaching, scholarly, and patient care opportunities. Faculty rank will be commensurate with experience and expectations of future accomplishments.

Salary and benefits are competitive. For clinical faculty, requirements include a license to practice optometry in the state of California or the ability to obtain such license within one year of appointment.

Applicants should submit the following to Daniel Kurtz, PhD, OD, Associate Dean of Academic Affairs, Western University College of Optometry, 309 E. Second St., Pomona, CA 91766-1854, dkurtz@westernu.edu.

- A cover letter explaining how the applicant's background meets the requirements for a faculty position including examples of teaching experience, philosophy, and goals.
- A current curriculum vita
- A completed Employment Application found at
http://www.westernu.edu/bin/hr/pdf/application_for_employment.pdf

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Bring your friends & family for a fun golf tournament to be held Friday, November 14, at the Sedona Golf Resort. Play 18 holes of unequaled championship golf located where many Western movies of 1930s and 1940s were filmed.

Optometrist

The Section of Ophthalmology, Dartmouth-Hitchcock Medical Center is seeking a comprehensive Optometrist to join a dynamic and dedicated team of ophthalmologists and optometrists in a state-of-the-art, multi-disciplinary setting in a teaching medical center in Lebanon, New Hampshire. The successful applicant will provide comprehensive optometric care, including contact lenses. This position also includes a faculty appointment at Dartmouth Medical School. Qualified candidates should have a doctorate in optometry (O.D.) and residency training or 3-5 years of experience in comprehensive optometry. Eligibility for licensure in the state of New Hampshire is required. We offer a competitive salary, a generous continuing education allowance, ample vacation time, health care benefits, malpractice insurance and a savings plan.

Interested applicants should submit a letter of intent and current CV electronically to:

Peter G. Lapre, O.D.

Chair, Optometric Search

Section of Ophthalmology

Dartmouth-Hitchcock Medical Center

One Medical Center Drive, Lebanon, NH 03756

E-mail: Peter.G.Lapre@hitchcock.org



DARTMOUTH-HITCHCOCK
MEDICAL CENTER

Dartmouth-Hitchcock Clinic is an affirmative action/equal opportunity employer and is especially interested in identifying female and minority candidates.

www.DHMC.org



SHOWCASE

MIDWESTERN UNIVERSITY • ARIZONA COLLEGE OF OPTOMETRY

New Position Announcement

Midwestern University provides undergraduate, graduate, and post graduate education in the health sciences on its campuses in Downers Grove, Illinois and Glendale, Arizona. The University excels by providing an interdisciplinary learning environment for students in a variety of health care disciplines, including osteopathic medicine, pharmacy, dentistry, podiatry, occupational therapy, physician assistants and other health science professions. With the founding of its newest college, the Arizona College of Optometry anticipates admitting its inaugural Doctor of Optometry class in September 2009.



The Glendale, Arizona Campus, located 15 miles northwest of downtown Phoenix, is 145 acres with state of the art facilities in a peaceful setting.

Position Title: Assistant/Associate Dean for Academic Affairs

Responsibilities:

This position reports to the Dean of the College. The selected candidate must provide leadership in the development of the academic program including curriculum development and implementation; recruitment, supervision and retention of faculty; coordination of selected college academic committees; creation of class schedules in coordination with the Assistant/ Associate Dean for Clinical Education; promotion of the college's research programs; and direction of the academic assessment process. The candidate must have the credentials to qualify for a faculty appointment at the college.

Qualifications:

The candidate must possess a Doctor of Optometry degree from an ACOE accredited institution with an MS or PhD in Vision Science or related field. The candidate must demonstrate excellent leadership and communication skills. A minimum of four years of higher education administrative experience is highly desirable.

Salary:

Salary will be commensurate with qualifications and experience.

Application:

Review of applications will begin September 1st, 2008 and continue until the position is filled. The candidate must submit a letter of application outlining interest in the position, curriculum vitae, and the names and contact information of at least three professional references. The materials may be submitted in paper or electronically to:

Héctor C. Santiago, OD, PhD, FAO
Dean, Midwestern University
Arizona College of Optometry
19555 N. 59th Avenue
Glendale, Arizona 85308
By email: hsanti@midwestern.edu

Midwestern University is an Equal Opportunity / Affirmative Action

AEA Optometric Cruise Seminars 2009

Eastern Caribbean, 1/25-2/1/09, *Crown Princess*®. Ft. Lauderdale, Princess Cays, St. Maarten, St. Thomas, Grand Turk, Ft. Lauderdale. From \$659. Speaker: Timothy McMahon, OD.

Hawaii, 2/14-2/21/09, *NCL Pride of America*®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu. From \$1259 ~ **Valentine's Day/President's Day** ~ Speaker: John McGreal, OD.

Classic Southern Caribbean, 2/15-2/22/09, *Caribbean Princess*®. San Juan, Barbados, St. Lucia, Antigua, Tortola, St. Thomas, San Juan. From \$909. ~ **President's Day** ~ Speakers: Janet Betchkal, MD & Rick Bendel, MD

Eastern Caribbean, 3/14-3/21/09, *Disney Magic*®. Port Canaveral, St. Maarten, St. Thomas, Castaway Cay, Port Canaveral. From \$1169.00 ~ **Spring Break with Disney!** ~ Speaker: Louise Sclafani, OD.

Westbound Transatlantic Crossing, 5/25-5/31/09, *Cunard Queen Mary 2*®. Southampton to New York. Premium balconies from \$1752. ~ **Memorial Day** ~

Western Caribbean, 6/27-7/4/09, *Disney Magic*®. Port Canaveral, Key West, Grand Cayman, Cozumel, Castaway Cay, Port Canaveral. From \$1549 ~ **4th of July with Disney!** ~ Speakers: Kelly Nichols, OD & Jason Nichols, OD.

Eastern Caribbean/Bermuda, 6/29-7/8/09, *Caribbean Princess*®. New York City, Bermuda (West End), San Juan, St. Thomas, Grand Turk, New York City. From \$1329 ~ **4th of July** ~ Speaker: Joseph Pizzimenti, OD.

Gulf of Alaska, 6/29-7/6/09, *Coral Princess*®. Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay National Park, College Fjord, Anchorage. From \$1009 ~ **4th of July** ~ Speaker: Scot Morris, OD.

Hawaii, 7/4-7/11/09, *NCL Pride of America*®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu. From \$1409 ~ **4th of July** ~ Speakers: Barry Eiden, OD & Carol Barron, OD.

Classic Grand Mediterranean, 7/15-7/27/09, *Ruby Princess*®. Barcelona, Monte Carlo, Florence/Pisa, Rome, Naples/Capri, Mykonos, Istanbul, Kusadasi, Athens, Venice. From \$2240 ~ Speaker: Paul Ajamian, OD.

Blue Danube Discovery River Cruise, 7/20-7/27/09, *Amadeus Waterways Amadante*®. Budapest, Bratislava, Vienna, Durnstein-Melk, Linz-Passau, Regensburg, Nuremberg. Optional 2 night pre-cruise stay in Budapest and/or 3 night post-cruise stay in Prague. Cruise fare INCLUDES wines w/ dinner and most shore excursions! From \$2299 cruise only. Speaker: Robert Wooldridge, OD.

Mediterranean, 7/27-8/3/09, *MSC Splendida*®. Barcelona, Tunis, Malta, Messina, Civitavecchia (Rome), Genoa, Marseille, Barcelona. **KIDS 17 AND UNDER SAIL FREE AS 3rd & 4th IN A CABIN**. From \$1299 ~ Speaker: Harue Marsden, OD.

Mexico 9/24-10/3/09, *Silversea Silver Shadow*®. Los Angeles, Ensenada, Mazatlan, Puerto Vallarta, Cabo San Lucas, San Diego, Los Angeles. **All suites, all inclusive fares include gratuities and all wines & spirits**. From \$3297.

Early booking discounts or regional promotions may apply. Call for lowest current price.

Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional.

Visit cruise line websites for terms, conditions, and definitions which will apply to all bookings.

AEA Cruises: Dr. Mark Rosanova, President

More than a travel agent, your colleague & innovative partner in Cruise Seminars since 1995.

Sponsored by the Illinois Optometric Association and Advanced Eyecare Associates

10-12 hours of COPE approved lectures per seminar

Visit us at www.OptometricCruiseSeminars.com, email aeacruises@aol.com or call us at **1-888-638-6009**.

SOUTHERN COLLEGE OF OPTOMETRY



Clinical Chief of Service, Visual Function & Rehabilitation

Southern College of Optometry is searching for a highly qualified individual to apply for this full-time position which is available immediately. The Clinical Chief of Service, Visual Function & Rehabilitation (VFRS), is responsible for student education and standard of patient of care provided in this service area at The Eye Center at SCO. The Chief of Service assists the Chief of Staff and Director of Clinical Operations in clinic operations and reports to the Chief of Staff.

The first Chief of VFRS will have the unique responsibility of implementing the combining of the Vision Therapy Service and Low Vision/Rehabilitation Services into a new center of excellence in the areas of Visual Function and Visual Rehabilitation. This new service area will serve all ages of individuals in need of therapeutic, rehabilitative and/or functional enhancement of the visual system. The Chief will oversee all operational aspects of the program, including faculty recruitment, conducting meetings, and setting operational goals.

The successful candidate should demonstrate a pattern of clinical accomplishment in this field as well as proven leadership in clinical optometry. The successful candidate should express a vision for developing this new service area at The Eye Center. Individuals should possess ability to maintain the standard of excellence for which SCO is noted. An OD degree is required, with additional advanced degrees preferred.

This position offers the opportunity to contribute to optometric education while providing clinical excellence and leadership in the formation of this new program. The Search Committee will review all applications and initiate the interview process in fall 2008 or as soon as possible.

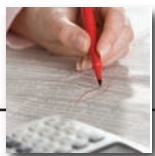
Applications, four letters of reference, curriculum vitae and any supportive materials should be submitted to:

Richard W. Phillips, OD
President

Southern College of Optometry
1245 Madison Avenue, Memphis, TN 38104-2222
rphillips@sco.edu

Southern College of Optometry is an affirmative action, equal opportunity employer.





CLASSIFIEDS

Professional Opportunities

ALL STATES – PRACTICES FOR SALE PRACTICE FINANCING –100% +working cap PRACTICE CAREER OPPS- Full/Part time ProMed Financial, offers 30 yrs of expertise. Free consultations available. 888-277-6633 Email: info@promed-financial.com Visit: www.promed-financial.com

CENTRAL PENNSYLVANIA. Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

Clinical Director Position Available Immediately.

Professional, principle-centered, multi-site cataract and laser comanagement/referral center seeks optometrist for Clinical Director in the western states. Exciting growth potential. Excellent work environment including unique "team approach" between staff ODs and surgeons with full peer and management support. Ideal candidate will be residency trained in ocular disease and surgical comanagement with at least 3 years experience in like setting. Must have leadership and exceptional communication skills and be clinically independent. Excellent compensation and benefits package. Send CV and letter of interest to Dr. Cindy Murrill at cindy.murrill@pcli.com.

Colorado Practice for Sale. Exceptional private practice opportunity available in affluent metro Denver, Colorado. Complete optical and onsite-finishing lab. Located in a busy retail area. Price reduced to 65k. Additional 5K quick close incentive. Motivated seller. Contact contact@coffeyowens.com or 303-316-0331

Florida—Practice for Sale. Palm Beach County. Grossing \$575,000, on 4 OD days/week, netting 34%. Long established practice situated in a freestanding building. 100% Financing Available. www.Transition-Consultants.com 800-416-2055

Grand Junction, CO—Exceptional opportunity on Colorado's Western Slope. Large Practice seeking a FT associate Doctor. Excellent salary and benefits package. Contact: 303-725-1988. Tsowash@yahoo.com

NEW HAMPSHIRE North Hampton. Buy or rent this office space which has been an optometry practice/optical for 23 years. Frame boards, mirrors still in place. No build out required. \$1,600 NNN or \$250,000 owner-financed purchase. (912) 228-9213 or dlrvod@gmail.com

New York City – Optometrist F/T or P/T for upscale multispecialty Eyecare group in Riverdale to run CL practice. Lots of pathology. Extremely pleasant environment. Excellent salary & benefits. Email resume to: kschneidermd.riverdaleeye@verizon.net

PHILADELPHIA. Practice for sale. \$736,000 on 4 OD days/week. Great opportunity to acquire a reputable practice with cutting edge technology. 100% Financing Available. Call 800-416-2055. www.transition-consultants.com

PRACTICE FOR SALE-California. A prime, long-established optometry practice grossing \$2.2 million annually. State of the art equipment and technology. Well run practice with excellent management in place. Located in a smaller northern CA coastal community. Financing Available. Call 800-416-2055.

PRIVATE PRACTICE FOR SALE - FLORIDA WEST COAST Tampa Bay area. 1 Mile from beach Very motivated seller 400K Gross; **SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida.** Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

Southern VA — High net practice needs associate/partner. Email vita with cover letter to seniorod@comcast.net

• **Specialty Practice** • No optical. No managed care. • Specializing in orthokeratology, developmental vision, orthoptics and medical optometry. • Appraised value \$217,600.00. Call Practice Broker Richard S. Kattouf, O.D., D.O.S. 800-745-3937 or 330-219-5094

ST. LOUIS, MO - FULL TIME OPTOMETRIST.

Full time optometrist needed for private practice in St. Louis. Highly progressive practice, state of the art equipment, the latest in technology, full scope eyecare. Great benefit package and great salary. Please forward CV and inquire via e-mail to: jiwachter@charter.net

Virginia, Roanoke Metro Area Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071.

We are looking for a consultant in the optical field. We want to take our optical and improve its merchandising, its buying efforts, and sales. In addition we want to set a management style that is motivational and rewards creativity and risk taking. Contact John Jacobi, Suburban Eye Care, 32415 Five Mile Road, Livonia, MI 48154, 734-525-8170.

\$150K MINIMUM GUARANTEE! Progressive, ethical optometrist with great people skills needed for high volume LASIK practice in fabulous Las Vegas, NV. This opportunity won't last long. Call Ken at 740.501.2543 or e-mail at kennylasik@hotmail.com

Miscellaneous

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems could be your niche. Learn more about making vision therapy a profitable service in your practice. Call today to schedule a free consultation with Toni Bristol at Expansion Consultants, Inc., specializing in Vision Therapy practice management and marketing since 1988. Toll free 877/248-3823.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

Maximize your profits by adding VT to your practice. OEP Clinical Curriculum Courses are the answer. Call 800 447 0370.

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH INTERNATIONAL C/O IMEC

1600 Osgood Street
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jforrey@comcast.net and voshinternational@comcast.net.

Equipment for Sale

Pretesting Tables & Equipment For Less. Save hundreds even thousands on all your pretesting needs. Pretesting tables of all shapes and sizes For Less Guaranteed. If you are looking for quality equipment at the best price Call today. 800-522-2275

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.

Calendar

from page 18

INDIANA OPTOMETRIC ASSOCIATION FALL SEMINAR
October 8-9, 2008
Indiana University Memorial Union,
Bloomington, 317/237-3560
www.ioa.org

MISSOURI OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
October 9-12, 2008
Chateau on the Lake, Branson,
Lee Ann Barrett, O.D.
573/635-6151
moaed@moeyecare.org
info@moeyecare.org

HUDSON VALLEY OPTOMETRIC SOCIETY ANNUAL FALL SEMINAR
October 10, 2008
Hotel Thayer at West Point,
New York Daniel Lack, O.D.
845/336-6124
dlack@hvc.rr.com

WISCONSIN OPTOMETRIC ASSOCIATION
2008 NORTHWOODS RETREAT
October 10-12, 2008
The Pointe, Minoqua, WI
Joleen Breunig 800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

VIRGINIA OPTOMETRIC ASSOCIATION
FALL CONFERENCE
October 11-12, 2008, at
Wintergreen Resort in Wintergreen,
VA 804/643-0309
FAX: 804/643-0311
voaeyedocs@aol.com

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 38TH ANNUAL MEETING
Optometric Extension Program
Foundation
October 14-18, 2008
Rancho Las Palmas, Palm Springs,
Calif., www.covd.org

MICHIGAN OPTOMETRIC ASSOCIATION, October 15-16,
Lansing Center, Lansing,
www.themoa.org
517/482-0616

WEB 8: Understanding the LV Exam of the Adult October 16, 2008
(viewable on demand for 6 months)
800/829-0500
www.lighthouse.org

NORTH DAKOTA OPTOMETRIC ASSOCIATION
105TH ANNUAL CONGRESS
October 16-18, 2008
Doublewood Inn, Bismarck, ND
701/258-6766
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.info

GREAT WESTERN COUNCIL OF OPTOMETRY CONGRESS 2008
October 16-19, 2008
Oregon Convention Center &
Doubletree-Lloyd Center
Portland, OR 406/443-1160
www.gwco.org
mwangen@rmsmanagement.com

ARKANSAS OPTOMETRIC ASSOCIATION FALL CONVENTION October 17-19,
Chateau on the Lake, Branson, MO
Vicki Farmer 501/551-7675
FAX: 501/372-0233
www.arkansasoptometric.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY DIABETES SYMPOSIUM October 18-19,
Fort Lauderdale, Florida
N. Scott Gorman, O.D.,
954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

SUNY-COLLEGE OF OPTOMETRY 7TH ANNUAL ENVISION NEW YORK October 18-20, 2008
Grand Hyatt, New York
Matthew Platarote 212/938-5830
FAX: 212/938-5831
mplatarote@sunyopt.edu
www.sunyopt.edu

INTERNATIONAL LIGHT ASSOCIATION
5TH ANNUAL CONFERENCE
October 20-24, 2008
Heidelberg, Germany
Dr. Jennifer Breiling
800/814-3369
www.internationallight-association.org

NEBRASKA OPTOMETRIC ASSOCIATION
FALL CONVENTION
October 24-26, 2008
Holiday Inn & Convention Center,
Kearney, Nebraska Joni Kral
402/474-7716
noa@assocoffice.net
www.noaonline.org

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS, INTL. EDUCATIONAL CONFERENCE
October 31-November 2, 2008
Brown County State Park,
Nashville, Indiana
Michael Goen, O.D.
850/471-7674
foreknown@aol.com
www.fcoint.org/conference.html

November

CONNECTICUT ASSOCIATION OF OPTOMETRISTS
2008 ANNUAL EDUCATIONAL CONFERENCE
November 2 & 3, 2008
Mystic Marriott Hotel & Spa
Groton, CT
860/529-1900
info@cteyes.org
www.cteyes.org

HAWAII OPTOMETRIC ASSOCIATION
PACIFIC RIM OPTOMETRIC CONFERENCE
November 2-5, 2008
Grand Wailea Kihei, Hawaii
Charlotte Nekota 808/537-5678
hoaopt@earthlink.net

ART & SCIENCE OF OPTOMETRIC CARE (OEP CLINICAL CURRICULUM) Optometric Extension Program Foundation

November 6-10, 2008
Grand Rapids, MI
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

WISCONSIN OPTOMETRIC ASSOCIATION 2008 PRIMARY CARE SYMPOSIUM
November 7-8, 2008
Kalahari Resort & Waterpark
Wisconsin Dells, WI
Joleen Breunig
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

NORTH CAROLINA STATE OPTOMETRIC SOCIETY
FALL EDUCATION CONGRESS
VISION EXPOSITION
November 7-9, 2008
Asheville, NC, Sue Gardner
NCEYECARE@aol.com

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CE
November 9, 2008
Best Western Royal Plaza Hotel,
Marlborough, Massachusetts
Richard Lawless 508/875-7900
FAX: 508/875-0010
www.massoptom.org/events/
eventView.asp?EventID=23

VT /VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)
Optometric Extension Program
Foundation November 12-16,
Phoenix, AZ Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL CONGRESS
November 13-16, 2008
Charleston Town Center Marriott,
Charleston, West Virginia
866/205-5897 exec@wvoa.com
www.wvoa.com

ARIZONA OPTOMETRIC ASSOCIATION
2008 FALL CONGRESS
November 14-16, 2008
Hilton Sedona Resort and Spa,
Sedona, Arizona Jennifer Parker
602/279-0055 800/346-2020
FAX: 602/264-6356
Jennifer@azoa.org
www.azoa.org

CALIFORNIA OPTOMETRIC ASSOCIATION
MONTEREY SYMPOSIUM
November 14-16, 2008
Monterey Convention Center,
Monterey, California
Tamalon Littlefield
916/441-3990, ext. 228
tlittlefield@coavision.org
www.montereysymposium.com

PRIMARY EYE INSTITUTE FOR VISIONARY CLINICIANS
BUILDING A MEDICAL MODEL IN DRY EYE DISEASE
Las Vegas, NV November 15,
Tracy Abel 866/379-6235
www.peivc.com

TEXAS OPTOMETRIC ASSOCIATION

2008 EYECON
November 15-16, 2008
The Radisson Dallas Love Field
Dallas, TX
Jennifer Martinez Bell
512/707-2020
TOAJennifer@austin.rr.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
GLAUCOMA UPDATE 2008
November 23, 2008
Hershey Lodge, Hershey, PA
Ilene K. Sauertieg
717/233-6455
www.poaeyes.org

December

WEB 10: The Impact of Vision Loss on Development
December 3, 2008 (viewable on demand for 6 months [registration required]) 800/829-0500
www.lighthouse.org

51ST ANNUAL MEETING
SOUTH CAROLINA OPTOMETRIC ASSOCIATION
December 4-7, 2008
Marriott Resort and Spa, Hilton
Head Island, South Carolina
803/799-6721
www.sceyecare.org

AOA'S "BUILDING THE PAPERLESS PRACTICE" ELECTRONIC HEALTH RECORDS (EHR) SEMINAR.
Dec. 5-6 in Baltimore, Md.,
www.aaa.org.

VT/STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)
Optometric Extension Program
Foundation December 4-7, 2008
Phoenix, Ariz. Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

DECEMBER "ANNUAL" CONFERENCE
MAINE OPTOMETRIC ASSOCIATION, INC.
December 5-7, 2008
Hilton Garden Inn, Freeport,
Maine
207/626-9920
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

PRIMARY EYE INSTITUTE FOR VISIONARY CLINICIANS:
BUILDING A MEDICAL MODEL IN DRY EYE DISEASE
Tampa, Fla. December 6, 2008
Tracy Abel 866/379-6235
www.peivc.com

January

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2009 GLAUCOMA SYMPOSIUM
January 10, 2009
Willows Lodge, Woodinville,
Wash. Martina Fredericks
503/352-2207
frederim@pacificu.edu
www.pacificu.edu/optometry

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 20TH ANNUAL

BERKELEY PRACTICUM
January 10-12, 2009
DoubleTree Hotel, Berkeley Marina,
Berkeley, Calif. Nyla Marnay
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu

ARIZONA OPTOMETRIC ASSOCIATION AZOA 34TH ANNUAL INVITATIONAL BRONSTEIN CONTACT LENS SEMINAR January 22-25, 2009
Chaparral Suites Resorts, Scottsdale,
Jennifer Parker 602/279-0055
800/346-2020
FAX: 602/264-6356
Jennifer@azoa.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION AND THE INSTITUTE FOR BEHAVIORAL OPTOMETRY 54TH ANNUAL KRASKIN INVITATIONAL SKEFFINGTON SYMPOSIUM ON VISION (KISS)
January 24-26, 2009
Hyatt Regency Bethesda, Bethesda,
Md., Dr. Jeffrey Kraskin
202/363-4450 jlkraskin@rcn.com
www.skeffingtonsymposium.org

TROPICAL CE PLAYA DEL CARMEN
January 24-31, 2009
El Dorado Royale, Playa Del
Carmen
Stuart Autry 281/808-5763
John Ogden 281/900-8493
www.TropicalCE.com

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY 2009 ISLAND EYES CONFERENCE January 25-31,
Kauai Marriott Beach Resort, Kauai,
Jeanne Oliver
503/352-2740
Jeanne@pacificu.edu
www.pacificu.edu/optometry

February

MINNESOTA OPTOMETRIC ASSOCIATION ANNUAL MEETING
February 5-7, 2009
Hyatt Regency Minneapolis,
Jessica E. Miller 952/841-1122
FAX: 952/921-5801
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

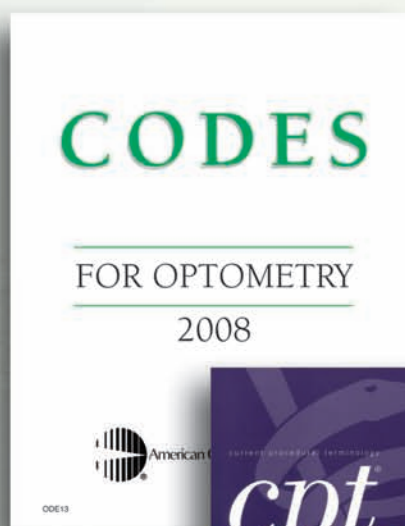
DELAWARE OPTOMETRIC ASSOCIATION WINTER THAW CONTINUING EDUCATION
February 7, 2009
Embassy Suites, Newark, NJ
Troy Raber, O.D., 302/537-0234
www.deoa.org

TEXAS OPTOMETRIC ASSOCIATION
109TH ANNUAL CONVENTION
February 12-15, 2009
Renaissance Austin Hotel
Jennifer Martinez Bell
512/707-2020
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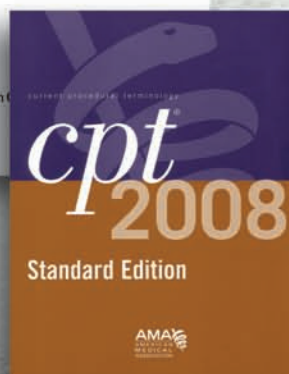
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